ROAD – WEATHER

LIGHTING (Check One)	WEATHER (Check One)	ROAD COND. (Check One For Each)	ROAD SURFACE (Check One For Each)	TRAFFIC CONTROL (Check One For Each)	ROAD CHARACTER (Check One)	ROAD DESIGN (Check One Or More For Each)	
☐ Daylight	☐ Clear	☐ ☐ Dry	☐ ☐ Paved Unstriped	☐ ☐ No Passing Zone	☐ Straight	☐ ☐ 1 Lane	☐ ☐ One Way
☐ Dawn	☐ Raining	☐ ☐ Wet	☐ ☐ Paved Center Stripe	☐ ☐ Stop Sign	☐ Curve	☐ ☐ 2 Lanes	☐ ☐ Ramp
☐ Dusk	☐ Snowing	☐ ☐ Snow	☐ ☐ Paved Center & Edgeline	☐ ☐ Traffic Signals	**GRADE** (Check One)	☐ ☐ 3 Lanes	☐ ☐ Freeway
☐ Dark Lighted	☐ Fog	☐ ☐ Ice	☐ ☐ Unpaved	☐ ☐ Yield Sign	☐ Level	☐ ☐ 4 Lanes	☐ ☐ Undev.
☐ Dark - Not Lighted	☐ Dust	☐ ☐ Loose Material		☐ ☐ R.R. Gate	☐ Hillcrest	☐ ☐ Undivided	☐ ☐ Alley
☐ Other	☐ Wind	☐ ☐ Other		☐ ☐ 4 Way Stop	☐ On Grade	☐ ☐ Physical Div.	☐ ☐ Other
	☐ Other			☐ ☐ Flashers	☐ Dip	☐ ☐ Painted Div.	☐ ☐ Constr. Zone
				☐ ☐ No Controls			
				☐ ☐ Other			

EVENT

APPARENT CONTRIBUTING FACTORS (Check One Or More For Each)

☐ ☐ Excessive speed	☐ ☐ Following too closely	☐ ☐ Defective tires
☐ ☐ Speed too fast for conditions	☐ ☐ Made improper turn	☐ ☐ Other mechanical defective
☐ ☐ Failed to yield right of way	☐ ☐ Driver inattention	☐ ☐ Road defect
☐ ☐ Passed stop sign	☐ ☐ Under influence of alcohol	☐ ☐ Other – No driver error
☐ ☐ Disregarded traffic signal	☐ ☐ Other improper driving	☐ ☐ Traffic control not functioning
☐ ☐ Drove left of center	☐ ☐ Pedestrian error	☐ ☐ Improper lane change
☐ ☐ Improper overtaking	☐ ☐ Inadequate brakes	☐ ☐ Improper backing
☐ ☐ Avoid no contact vehicle	☐ ☐ Driverless moving vehicle	☐ ☐ None
☐ ☐ Avoid no contact - other	☐ ☐ Defective steering	☐ ☐ Vehicle skidded before braking

WHAT DRIVERS WERE DOING (Check One For Each)

☐ ☐ Going Straight	☐ ☐ Stopped for traffic
☐ ☐ Overtaking–Passing	☐ ☐ Stopped for sign/signal
☐ ☐ Right Turn	☐ ☐ Start in traffic in
☐ ☐ Left Turn	☐ ☐ Start from park
☐ ☐ U Turn	☐ ☐ Parked
☐ ☐ Slowing	☐ ☐ Other
☐ ☐ Backing	

DRIVER

DRIVER OR PEDESTRIAN SOBRIETY (Check One Or More For Each)

- ☐ ☐ Consumed Alcohol
- ☐ ☐ Consumed a Controlled Substance
- ☐ ☐ Had Not Consumed Alcohol
- ☐ ☐ Sobriety Unknown
- ☐ ☐ Consumed Medication
- ☐ ☐ Tested by Instrument
- ☐ ☐ Field Sobriety Test
- ☐ ☐ Eye Gaze / Nystagmus

DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Check One Or More For Each)

☐ ☐ Fatigue-Asleep	☐ ☐ Medication
☐ ☐ Eyesight Imp.	☐ ☐ Amputee
☐ ☐ Hearing Imp.	☐ ☐ No App. Defects
☐ ☐ ILL	☐ ☐ Other Physical Impairment*

*Specify _____

PEDESTRIAN

PEDESTRIAN ACTION

At Intersection	Not At Intersection	
☐ ☐ With Signal	☐ ☐ From Behind Obstruction	☐ ☐ Walking Against Traffic
☐ ☐ Against Signal	☐ ☐ No Crosswalk	☐ ☐ Standing
☐ ☐ No Signal	☐ ☐ Crosswalk	☐ ☐ Pushing or Working on Vehicle
☐ ☐ Diagonal	☐ ☐ Walking W/Tr	☐ ☐ Playing in Road
	☐ ☐ Other	

*Specify _____

Diagram Drawn By:	Measurements By	Leave Blank

DIAGRAM

Indicate North By Arrow

Use Supplemental Diagram/Narrative Sheet for additional information

NARRATIVE (Describe how accident occurred.)

TRAILER OR TOWED VEHICLES		Year	Make	Lic Yr – State – Number	Type
	TOWED BY VEH. #1 _____				
	TOWED BY VEH. #2 _____				

ENFORCEMENT ACTION		Name	Violation	W	B	C	Citation No.
	VEH. NO. _____						
	VEH. NO. _____						
	VEH. NO. _____						

Time Notified	Time Arrived	Notified By	Supvr. at Scene	Checked By

Officer's Signature	Rank	ID No.	District	Date of Report